## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/ 554307
APPLICANT(S)

FILING DATE

## **CLAIMS**

	AS FILED		AFTER 1"AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
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TOTAL CLAIMS			20			

PTO - 1360 (REV. 11/04)

	AS FILED		AFTER  1*AMENDMENT		AFTER 2 ** AMENDMENT	
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TOTAL DEP.		<b>←</b>		<b>(-</b>		<b>←</b>
TOTAL CLAIMS						

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